

Important

Commercial Surety Application

Lost Securities

Instruction Sheet

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
 - **Did you date the form (directly above the signatures)?**
 - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
 - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

Please note that a properly executed app (signed, witnessed and dated) will be needed for bond issuance
Signed application can be faxed to: 877-257-2166.

You can also send original application with signatures to the following address for filing:

The Hartford Bond Center

P.O. Box 958461

Lake Mary, FL 32795

Lost Securities

Commercial Surety Application



**Complete as much of the application as possible.
Can be submitted before SIGNED, WITNESSED and DATED.**

General Information Questions

Type of Bond (describe purpose) _____
(Attach a copy of the bond form, if available)

Agency Name: _____
RO/Agency Code: _____ **Sub Producer Code:** _____ **Bond Number:** _____
Agency City: _____ **Agency State:** _____

Bond Amount: \$ _____ **Effective Date of Bond:** _____ **Bond Term, if known:** _____
of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____
Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____
Applicant's Business Description or Latest Occupation: _____
Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes
Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____
Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

Underwriting Questions

(required for all Applicants)

Does the Applicant have any other Surety bonds in force with any other Surety company?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Has another Surety company declined to write this or any previous bond?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Have you ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Has there ever been a claim or legal action against any bond executed on your behalf?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Have you ever been convicted of a felony?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

Present Market Value _____ Is the Bond: Open Penalty or Fixed Penalty

Description of the lost instrument or security: _____

In whose name are the instruments or securities registered: _____

Have the instruments or securities been endorsed?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Have the instruments or securities been assigned to another party?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Are the lost instruments or securities in bearer form?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Has Notice of Loss been given?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

If Yes, to whom? _____

Has a Stop Notice been issued?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>	copy attached		



AFFIDAVIT

(To accompany application for Lost Securities Bond)

STATE OF

} ss:

COUNTY OF

Know All Men by These Presents, That _____, of _____ deponent, being duly sworn deposes and says:

That said deponent is the lawful owner of certain securities more particularly described as follows:

(Give complete description above of the lost securities: if a stock Certificate, give number and state for how many shares.)

That the said securities were _____ endorsed. (If endorsed, describe the exact manner of endorsement.)

That neither the said securities nor the rights of the deponent in the said securities have in whole or in part, been sold, assigned, endorsed, transferred, hypothecated, pledged or otherwise disposed of, or any interest therein, in any manner whatsoever;

That the deponent is entitled to the full exclusive possession of the said securities;

That _____
(Describe in detail above the circumstances surrounding the loss or destruction of the securities.)

That said deponent hereby requests _____ to issue new or duplicate securities in lieu of the securities so lost or destroyed and hereby agrees in consideration of the issue of said new or duplicate securities to hold _____ its respective transfer agents and _____ as Registrar and its and their successors and assigns harmless against any loss or damage sustained by reason of the issue of such new or duplicate securities or the refusal to make transfer of the lost securities.

It is understood that the word "securities" mentioned herein shall mean one or more than one particular instrument or document as above described.

Subscribed and sworn to before me this _____ day of _____,

(Signature of Deponent)

Notary Public

CALIFORNIA NOTICE

California Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.